

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010818

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149

FILED MAR 26 1962

Primary Registration District No. 1002

Registrar's No.

1383

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Frank Paul Lawrence

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas city</u>		c. CITY OR TOWN <u>Kansas city</u>	
Length of stay in 1b <u>22 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Llewellyn Mem. Home</u>		d. STREET ADDRESS (If outside, give location) <u>623 Euclid</u>	
3. NAME OF DECEASED (Type or print) First <u>CARL</u> Middle <u>F.</u> Last <u>CAMPBELL SR.</u>		4. DATE OF DEATH Month <u>3</u> Day <u>8</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>1-2-1898</u>
9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Dry Cleaner operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wichita, Kans.</u>	
11. BIRTHPLACE (City and state or country) <u>Wichita, Kans.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Fred Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary</u>	
14. NAME OF HUSBAND OR WIFE <u>Carl F Campbell Jr. 439 S Duway</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I & WW II</u>	
16. SOCIAL SECURITY NO. <u>WW I & WW II</u>		17. INFORMANT <u>Carl F Campbell Jr. 439 S Duway</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> DUE TO (b) <u>CHRONIC MYOCARDITIS</u> DUE TO (c) <u>1 day</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3:10</u> a.m. <u>59</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3-10-59 to 3-8-62</u>		20f. CITY, TOWN, OR LOCATION <u>4:02 AM</u>	
21. I attended the deceased from <u>3-10-59</u> to <u>3-8-62</u> and last saw her/him alive on <u>3-8-62</u> Death occurred at <u>4:02 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>428 S White Ave</u>	
22a. SIGNATURE <u>Frank Paul Lawrence</u>		22c. DATE SIGNED <u>3-8-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-12-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>		23d. LOCATION (city, town, or county) (State) <u>St. Lawrence, Kans.</u>	
24. FUNERAL DIRECTOR <u>Rosantino Bros</u>		25. DATE RECD. BY LOCAL REG. <u>3-9-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		27. ADDRESS <u>428 S White Ave</u>	

D. Luavengana, 3-8-62 4AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lb Luavengana*

Licensed Embalmer No. *4554*

P. O. Address *LC, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.